

Letters to the Journal

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SEMANTICS AND "THE PILL"

To the Editor:

If we are to be as pedantic in our language as Dr. Jacques suggests (*Canad. Med. Ass. J.*, 93: 1086, 1965), we should not call "the pill" an "ovulation-control pill", because in an estimated 8% of patients there is breakthrough ovulation. Unlike the sequential "pill", the combined is also thought to alter the cervical mucus, providing the barrier Dr. Jacques considers lacking and also making the endometrium unfavourable for implantation.

If we are to continue with our meticulous definitions, it must be pointed out that we are not dealing with a pill at all but with a tablet.

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To the Editor:

Although Dr. Jacques' views (*Canad. Med. Ass. J.*, 93: 1086, 1965) on the misuse of the term "contraceptive pill" are valid, he does not offer an optimal alternative solution when he suggests the expression "ovulation-control pill".

The pill does not act only by controlling ovulation, since it has been shown¹ that in some cases ovulation may ensue while the patient is taking the pill regularly, but pregnancy will still not occur. In these cases pregnancy is prevented by the presence of either an unphysiological endometrium or a cervical mucus barrier impenetrable to the sperm. In both instances, the main fact is that *pregnancy* cannot take place, and not as Dr. Jacques proposes, the lack of ovulation. The truly correct term, therefore, would be "anti-gravidity pill".

Even this terminology, however, can be justly attacked by pharmacologists who will readily claim that the pill is not really a pill but a *tablet*, if we are to use all terms correctly, for it seems that in the eyes of the pharmacologist even a physician may act as a layman.

I am writing this letter merely to shed some light on the confusion about contraception.

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REFERENCE

1. HOLMES, R. L. AND MANDL, A. M.: *Lancet*, 1: 1174, 1962.

To the Editor:

I wish to thank Dr. Lowe and Dr. Nadasdi for their views.

I would like to make the following comments on some of the points that have been raised:

(1) I question the assertion that in 8% of patients there is breakthrough ovulation. The indirect criteria

of ovulation are certainly meaningless in this context, especially the basal temperature, since ovulation-control preparations are slightly thermogenic. The direct inspection of the ovary at laparotomy is also of doubtful value because while an ovarian wound would indicate a recently ruptured follicle, it would not necessarily mean that an egg had been extruded. The recapture in the pelvic cavity of an ovum would be more exciting, but I don't know that this has ever been done to prove the incidence of escape ovulation.

(2) It has been known for many years that the cervical mucus and the endometrium reflect the activity of the ovary and that anovulation is accompanied by changes in the cervical mucus and in the endometrium. A review of the recent literature on women who are taking ovulation-control preparations fails to reveal that these preparations have a direct effect on the endometrium or the cervical mucus.

(3) Both letters seem to support my contention that the discussions on this subject are in a confused state; and this is because we go through an unorthodox exercise. We start the exercise with three distinct items: (a) the control of ovulation by the use of drugs, (b) the control of the incidence of pregnancy by many means, one of which is ovulation control, and (c) the moral implications that accompany (b).

We pour these three items (ingredients) into a receptacle, and we mix thoroughly. What comes out of the tap at the bottom of the receptacle is a mixture, or a confusion of terms and meanings; and we use these terms and meanings interchangeably, almost as synonyms.

We need to return to the three distinct items before the mixing and to start the discussion from there.

(4) I have reviewed the specifications of a "tablet" and a "pill", and I have found that some ovulation-control preparations are in tablet form and some are in pill form.

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REPRINTS OF INDEX TO VOL. 93

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Reprints of the index to the following volumes are also available: 85 (July-December, 1961), 86 (January-June, 1962), 87 (July-December, 1962), 88 (January-June, 1963), 89 (July-December, 1963), 90 (January-June, 1964), 91 (July-December, 1964) and 92 (January-June, 1965).